

REST AVAIL ARI F CODY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		11/2/00
O.I.P.E. CLASSIFIER		49	11/9/00
FORMALITY REVIEW	SK	11809	11/29/00

HA

852

03-28-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
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Claim	Date
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